



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6222.1D

Code 0501

2 July 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6222.1D

From: Commanding Officer

Subj: MANAGEMENT OF SEXUALLY TRANSMITTED DISEASES

Ref: (a) BUMEDINST 6222.10 series
(b) Centers for Disease Control and Prevention 1993
Guidelines for Diagnosis and Treatment of Sexually
Transmitted Diseases
(c) BUMED NOTICE 6230

Encl: (1) Diagnostic tests for Sexually Transmitted Diseases
(2) STD Overprint Chronological Record of Medical Care
(Male)
(3) STD Overprint Chronological Record of Medical Care
(Female)
(4) STD Overprint Patient lab tests follow-up

1. Purpose. To provide policy and procedures for the diagnosis, treatment and reevaluation of patients with sexually transmitted diseases (STD).

2. Cancellation. NAVHOSP29PALMSINST 6222.1C.

3. Background. Reference (a) directs management and treatment of all STD patients. Reference (b) delineates the guidelines developed by the Centers for Disease Control and Prevention (CDC) which will be used as a general guideline for all STD treatment. Navy Environmental Preventive Medicine Unit# 5 (NEPMU-5) will be consulted for complicated cases.

4. Policy

a. Patients with signs and/or symptoms of a STD should be diagnosed and treated at Military Sick Call or the Outpatient Clinics, as appropriate. If a patient arrives after hours at the Emergency Room, the patient should be properly evaluated and treated.

b. Hepatitis B vaccine will be given to Active Duty personnel diagnoses with a STD, per reference (c). Hepatitis B vaccine will be offered to family members and other beneficiaries diagnoses with a STD.

c. All patients will be referred to Preventive Medicine Division for interviews.

5. Responsibilities

a. Staff medical providers shall:

(1) Be responsible for the definitive treatment or referral of all patients with sexually transmitted diseases.

(2) Be responsible for all medical record entries: enclosures (2) through (4), or the Syphilis Record (SF-602), as appropriate.

(3) Ensure that the treatment of all STDs is per references (b) and (c), and current CDC recommendations, and that all necessary serologic tests are performed per enclosure (1).

(4) Report all cases/suspected cases of STD to preventive Medicine as soon as possible.

b. Head, Military Sick Call shall assign a Hospital Corpsman, in writing, as the STD Corpsman. He/She will maintain the STD Program in conjunction with the Preventive Medicine Division.

c. Military Sick call STD Corpsman shall:

(1) Perform a complete evaluation on all patients presenting with signs and symptoms of a STD or patients who present with a history of exposure to a STD. Present the appropriate enclosures to the Medical provider for review.

(2) Maintain a log and tickler system to ensure proper patient tracking.

(3) Ensure follow-up evaluations are conducted as necessary.

(4) Track and administer the Hepatitis B vaccines.

d. Head, Occupational Health and Preventive Medicine shall:

(1) Be responsible for the technical supervision of the STD program.

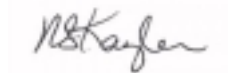
(2) Ensure all contact interviews are conducted properly.

(3) Maintain liaison with the Navy Environmental Preventive Medicine Unit #5 and with Public Health Officials, providing regular updating of procedures and treatments.

(4) Ensure that required reports are prepared and forwarded as required.

(5) Provide training and technical assistance, as required, for all health care providers and Hospital Corpsmen regarding the STD program.

(6) Administer Hepatitis B immunization per reference (c).



R. S. KAYLER

Distribution:
List A

DIAGNOSTIC TESTS FOR SEXUALLY TRANSMITTED DISEASES

1. All patients presenting with complaints/symptoms of a STD will have the following tests obtained:

- a. Gram Stain
- b. C & S to R/O GONORRHEA
- c. Chlamydia Culture
- d. Urinalysis (First morning void preferred)
- e. C & S of Urine
- f. RPR
- g. HIV
- h. For patient's with lesions, sores obtain:
 - (1) Culture or HSV titer to R/O Herpes
 - (2) Culture to R/O Chancroid.
- i. HCG (for all females)

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
	NAVAL HOSPITAL 29 PALMS		
T:	S: ____ Y/O ____ Female presents c/o:		
P:	() Vaginal itching/pain x ____ days		
R:	() Vaginal discharge x ____ days		
B/P:	() Sores/lesion x ____ days () Dysuria x ____ days		
Meds:	() Spotting/abnormal menstrual cycle () STD Contact of _____		
Allergies:	() Other: _____		
	Last sexual contact x ____ days ago, protected/unprotected		
	Previous STD HX:		
	O: <u>Abnormalities</u>	<u>Yes</u>	<u>No</u>
	Skin:	()	()
	Pharynx:	()	()
	Nodes:	()	()
	Vagina:	()	()
	Uterus:	()	()
	Cervix:	()	()
	Rectum:	()	()
	A: R/O STD		
	P: () Gram stain, source:		
	() C&S - R/O Gonorrhea, source:		
	() Chlamydia culture, source:		
	() U/A		
	() C&S - Urine		
	() RPR		
	() HIV		
	() HCG		
	() Other		
	() Return to clinic for results on:		

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS
MAINTAINED
AT:



PATIENT'S NAME *(Last, First, Middle initial)*

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/ GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)

Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

NH29PALMS OVERPRINT 600/04 (1-94)

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RELATIONSHIP TO SPONSOR		STATUS	RANK/ GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

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